



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties

515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMT-I APPLICATION FOR CERTIFICATION

PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED

Full Legal Name: _____ / ____ / ____
1. Last First MI 2. Sex 3. Date of Birth

Mailing Address: _____
4. Number & Street City State Zip

5. Phone (____) ____ - ____ 6. Social Security# _____

7. Check one:
[] Certification (\$30.00) [] Recertification (\$30.00) [] Reciprocity (\$30.00) [] Challenge (\$75.00)

8. Training Institution _____ ☐ Check here if requirements are met by CEs ONLY.
(Must complete statement on reverse)

9. Have you been or are you currently certified as an EMT-I? ☐ Yes ☐ No

10. Principal Instructor _____

11. Date of Course Completion ____ / ____ / ____

12. Have you at any time been denied certification as an EMT-I or had your EMT-I or P certification suspended or revoked that has not been previously reported to this EMS Agency? If "Yes", please attach a detailed explanation. ☐ Yes ☐ No

13. Place of EMT Employment _____

14. Have you at any time been convicted of a felony or misdemeanor that has not been previously reported to the EMS Agency? If "Yes", please attach a detailed explanation. If conviction was the result of a traffic violation, attach copy of current DMV printout. ☐ Yes ☐ No

15. D.L. # _____ Exp. _____ State _____

16. Has your Driver's License ever been denied, suspended or revoked? ☐ Yes ☐ No

17. Previous County, Region, or State certification:
Cert. No. _____ Exp. Date ____ / ____ / ____

I hereby certify under penalty of perjury that I have read and understand the requirements for certification as an EMT-I, and am eligible for such certification in accordance with Sections 100057-100086, not consecutive, of Title 22, Division 9, Chapter 2 of the California Administrative Code and that I am eligible for an Ambulance Attendant's License in accordance with Title 13, Section 1101 of the California Administrative Code. I also declare that I have successfully passed the final certifying examination after successful completion of all components of the course. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained hereon.

Signature of Applicant _____

Date _____

If there are no unusual circumstances, applications should be processed within 30 days following receipt of completed application and receipt of class roster from the training institution. Recertification/Challenge certificates cannot be issued until previous certification has been verified. Fees are nonrefundable and nontransferable.

OFFICE USE ONLY: BLS Exp. Date _____
Last Tested _____
Cert. No. _____ Effective _____
Accounting _____ Exp. Date _____

INSTRUCTIONS FOR EMT-I APPLICATION
Please Read Thoroughly and Completely
Incomplete Applications Will Not Be Accepted and Will Be Returned

Completed Application must be received by ICEMA within two (2) years of course completion

SUBMIT THE FOLLOWING:

- _____ Completed original application
- _____ Cash or Money Order (NO PERSONAL CHECKS)
- _____ Copy of current Driver's License (*for ID purposes*)
- _____ Copy of front and back of signed CPR card, must be equivalent to Level C
- _____ Copy of current EMT-I certification card or California EMT-Paramedic license
- _____ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats*
- _____ EMT-I Statement of continuing education requirements, if applicable (COMPLETE STATEMENT BELOW)
- _____ Copy of original course completion certificate, if available

**Photos are taken at ICEMA for no additional charge.*

EMT-I STATEMENT OF CONTINUING EDUCATION REQUIREMENTS

Name: _____ Certification#: _____ Exp. Date: _____

Course Title	Provider Name	CE Provider #	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for EMT-I certification. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my certification. I hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my certification process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above

Signature

Date